

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 5/13/05

2 Serial/Patent # 01/502407

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing			<u>7/22/04</u>	\$ <u>160 00</u>
<input type="checkbox"/> Amendment				\$
<input type="checkbox"/> Extension of Time				\$
<input type="checkbox"/> Notice of Appeal/Appeal				\$
<input type="checkbox"/> Petition				\$
<input type="checkbox"/> Issue				\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.				\$
<input type="checkbox"/> Maintenance				\$
<input type="checkbox"/> Assignment				\$
<input type="checkbox"/> Other				\$
		7 TOTAL AMOUNT OF REFUND	\$ <u>160 00</u>	
		8 TO BE REFUNDED BY:	<u>Charlotta Burd</u>	
10 REASON:		Treasury Check		
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/C #:	<u>14--1220</u>	
<input type="checkbox"/> Duplicate Payment				
No Fee Due (Explanation):				
11 REFUND REQUESTED BY: <u>Charlotta Burd</u>				
TYPED/PRINTED NAME: <u>Charlotta Burd</u>		TITLE: <u>Paralegal</u>		
SIGNATURE: <u>Charlotta Burd</u>	PHONE: _____			
OFFICE: _____	*****			
THIS SPACE RESERVED FOR FINANCE USE ONLY: _____				
APPROVED: _____	DATE: _____			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B